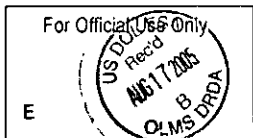


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>41102</u>	2. Fiscal Year Covered From: <div>1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>Todd</u> <u>Aldrich</u> P.O. Box, Bldg., Room No., if any <u>6031</u> Street <u>Melton Road (US Hwy 20)</u> City <u>Portage</u> State <u>Indiana</u> ZIP Code + 4 <u>46368</u>	4. Name, file number, and address of labor organization. Name <u>ILA Local 1969</u> Labor Organization File Number <u>069-690</u> P.O. Box, Building and Room Number, if any <u>6031</u> Street <u>Melton Road (US Hwy 20)</u> City <u>Portage</u> State <u>Indiana</u> ZIP Code + 4 <u>46368</u>
5. Position in labor organization. <u>Union Trust Fund Trustee</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

08/11/2005

Date

219-764-9715

Telephone Number

Name of Person Filing Todd Aldrich

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name ILA Local 1969 GLDC-ACD, AFL-CIO

Trade Name, if any: Local 1969

P.O. Box, Bldg., Room No., if any 6031

Street Melton Road (US Hwy 20)

City Portage

State Indiana ZIP Code + 4 46368

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ILA Local 1969 Health & Welfare Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 6031

Street Melton Road (US Hwy 20)

City Portage

State Indiana ZIP Code + 4 46368

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Performing Trust Fund Trustee's Duties

05/04/2004 Time Loss Reimbursement for 8 hours while attending Trust Fund Meeting when I would have been able to work on the Docks as a Longshoreman

12.b. Amount.

\$142

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

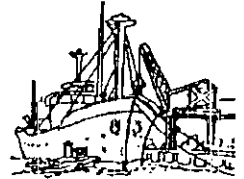
14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



International Longshoremen's
Association, AFL-CIO
Local 1969 Trust Funds



6031 Melton Road
US Hwy #20
Portage, Indiana 46368



(219) 764-9715
FAX 764-9723

Todd Aldrich
Trustee

August 11, 2005

U.S. Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

To Whom It May Concern:

After attending a Seminar, sponsored by the International Foundation of Employee Benefits, on LM-30 and LM-10 held on Wednesday, August 10th 2005, in Chicago, IL, I am submitting a revised LM-30 for the period covering January 1, 2004 through December 31, 2004 whereas to change my personal address to my business address as indicated in the above letter-head. I do not wish my home address to be published as previously filed by myself dated July 20, 2005.

Thank you in advance for your cooperation.

Respectfully,

Todd Aldrich, Trustee
ILA Local 1969 Trust Funds